



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Amodei for Nevada**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	151163.47	485657.02
(b) Total Contribution Refunds (from Line 20(d)) .....	3501.43	14601.43
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	147662.04	471055.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	107156.96	378663.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	313.98	8993.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	106842.98	369670.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	285934.40	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	13000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Amodei for Nevada**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75557.94	272557.94
(ii) Unitemized.....	1825.00	12750.00
(iii) TOTAL of contributions from individuals ▶	77382.94	285307.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	73780.53	200349.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	151163.47	485657.02
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	313.98	8993.28
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	151477.45	494650.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	107156.96	378663.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	59100.00	92050.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2850.00	13950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	651.43	651.43
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3501.43	14601.43
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	169758.39	485315.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	304215.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	151477.45
25. SUBTOTAL (add Line 23 and Line 24).....	455692.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	169758.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	285934.40

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanne L Ackley**

Mailing Address 5920 Sky Terrace Ct

City Reno State NV Zip Code 89511-4364

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13723**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Leslie Adams**

Mailing Address 14100 Saddlebow

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams & Associates Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13620**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Adams**

Mailing Address 14100 Saddlebow

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Adams & Associates Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13621**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Shelly Aldean**

Mailing Address 2614 Bohr Rd

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Broker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11AI.13707**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kosta M Arger**

Mailing Address 2685 Spinnaker Drive

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Sierra Nevada Cardiology Assoc Occupation Cardiologist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13628**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Whitaker Lee Askew**

Mailing Address 1809 Stirrup Lane

City Alexandria State VA Zip Code 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer American Gaming Association Occupation government affairs

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11AI.13739**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Primary 2016

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Kim Bacchus**

Mailing Address 2702 Lakeridge Shores East

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13649**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joanne Ballardini**

Mailing Address PO Box 1984

City Carson City State NV Zip Code 89701

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13615**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joanne Ballardini**

Mailing Address PO Box 1984

City Carson City State NV Zip Code 89701

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13619**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1200.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Banks**

Mailing Address 100 Sawbuck Road

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dennis Banks Construction Occupation: Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 09 / 2016

**Transaction ID : SA11AI.13630**

Amount of Each Receipt this Period: 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen Bennett**

Mailing Address PO Box 311

City Silver Springs State NV Zip Code 89429

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: Airport Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 09 / 2016

**Transaction ID : SA11AI.13641**

Amount of Each Receipt this Period: 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Bennett**

Mailing Address PO Box 311

City Silver Springs State NV Zip Code 89429

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: Airport Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 03 / 31 / 2016

**Transaction ID : SA11AI.13728**

Amount of Each Receipt this Period: 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Bilyeau**

Mailing Address 4220 Plumas Street

City Reno State NV Zip Code 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Boudwin Properties, Ltd. Occupation General Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13613**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Charles Bluth**

Mailing Address PO Box 293

City Glenbrook State NV Zip Code 89413-0293

FEC ID number of contributing federal political committee. **C**

Name of Employer Computerized Screening Inc Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13544**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Angelina Capurro**

Mailing Address 30 Promontory Pointe

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13636**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Angelina Capurro**

Mailing Address 30 Promontory Pointe

City State Zip Code  
Reno NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13669**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cindy Carano**

Mailing Address 550 W. Plumb Ln Ste. B436

City State Zip Code  
Reno NV 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
El Dorado Hotel Casino Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13635**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Cavin**

Mailing Address 9185 Mile Circle Dr.

City State Zip Code  
Reno NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J&J Mechanical Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13606**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia D Clark**

Mailing Address **PO Box 1923**

City **Minden** State **NV** Zip Code **89423**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13616**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Cox**

Mailing Address **2205 Windsor Rd**

City **Alexandria** State **VA** Zip Code **22307**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Navigators Global** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2016**

**Transaction ID : SA11AI.13738**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DEMAR DAHL**

Mailing Address **Starr Valley**

City **Deeth** State **NV** Zip Code **89823**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Rancher**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13679**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Audrey Damonte**

Mailing Address 12500 Sage Hill Rd

City Reno State NV Zip Code 89521

FEC ID number of contributing federal political committee. **C**

Name of Employer: Holley Driggs Walch Occupation: Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 09 / 2016

**Transaction ID : SA11AI.13605**

Amount of Each Receipt this Period: 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Corrado DeGasperis**

Mailing Address 777 American Flat Road

City Virginia City State NV Zip Code 89440

FEC ID number of contributing federal political committee. **C**

Name of Employer: Comstock Mining Occupation: CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 31 / 2016

**Transaction ID : SA11AI.13722**

Amount of Each Receipt this Period: 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**George Delcarlo**

Mailing Address 874 Ophir Peak

City Incline Village State NV Zip Code 89451

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 09 / 2016

**Transaction ID : SA11AI.13677**

Amount of Each Receipt this Period: 150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**George Delcarlo**

Mailing Address 874 Ophir Peak

City Incline Village	State NV	Zip Code 89451
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation consultant
--------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13678**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert Depaoli**

Mailing Address 1415 Arobio Ln

City Lovelock	State NV	Zip Code 89419-1074
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Self-Rancher
--------------------------	----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.13705**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Norman Dianda**

Mailing Address 2100 Holcomb Ranch Lane

City Reno	State NV	Zip Code 89511
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Q&D Construction	Occupation President
--------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13609**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Perry DiLoreto**

Mailing Address 985 Damonte Ranch Pkwy Ste. 310

City	State	Zip Code
Reno	NV	89521

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DiLoreto Construction	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13611**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City	State	Zip Code
Reno	NV	89502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capitol Partners LLC	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13585**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City	State	Zip Code
Reno	NV	89502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capitol Partners LLC	Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.13727**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Partners LLC	Occupation Partner
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13736**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -50.00

Memo Item  
Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Partners LLC	Occupation Partner
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13737**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item  
Redesignate: to General

**C.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Partners LLC	Occupation Partner
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13966**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
In-kind - Flowers and appetizer for campaign event

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 100.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Partners LLC	Occupation Partner
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13971**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -100.00

Memo Item  
 Redesignate: In-kind - Flowers and appetizer for campaign event

**B.** Full Name (Last, First, Middle Initial)  
**Mendy K Elliott**

Mailing Address 401 Ryland St. Suite 1105

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Partners LLC	Occupation Partner
--	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13972**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
 Redesignate: in-kind to General

**C.** Full Name (Last, First, Middle Initial)  
**Andrea Engleman**

Mailing Address 500 Mary St

City Carson City	State NV	Zip Code 89703
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Writer
--------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.13550**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 200.00

\_\_\_\_\_



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Andrea Engleman**

Mailing Address 500 Mary St

City Carson City State NV Zip Code 89703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.13694**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -200.00

Memo Item  
 Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**Andrea Engleman**

Mailing Address 500 Mary St

City Carson City State NV Zip Code 89703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2016

**Transaction ID : SA11AI.13695**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item  
 Redesignate: to General

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Enos**

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13626**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 500.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**John Estill**

Mailing Address **PO Box 320**

City **Gerlach** State **NV** Zip Code **89412**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13634**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Norman Patrick Flanagan**

Mailing Address **5295 Canyon Dr**

City **Reno** State **NV** Zip Code **89519**

FEC ID number of contributing federal political committee. **C**

Name of Employer **State of Nevada** Occupation **US District Judge**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13612**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JOHN FRANKOVICH**

Mailing Address **4545 Mountaingate Dr**

City **RENO** State **NV** Zip Code **89519**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCDONALD CARANO** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13631**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 19 OF 101

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Christie Gescheider**

Mailing Address 14250 Sorrel Lane

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Moana Nursery Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **03 / 09 / 2016**

**Transaction ID : SA11AI.13639**

Amount of Each Receipt this Period **200.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lance Gilman**

Mailing Address 420 USA Pkwy Suite 106

City Sparks State NV Zip Code 89434-4200

FEC ID number of contributing federal political committee. **C**

Name of Employer Lance Gilman Commercial Real E Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **03 / 07 / 2016**

**Transaction ID : SA11AI.13571**

Amount of Each Receipt this Period **2000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Martin R Giudici**

Mailing Address PO Box 12217

City Reno State NV Zip Code 89510

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 09 / 2016**

**Transaction ID : SA11AI.13623**

Amount of Each Receipt this Period **500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Terry Gough**

Mailing Address 4100 Inwood Lane

City State Zip Code  
Reno NV 89502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13673**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Hartman**

Mailing Address 150 Plantation Dr

City State Zip Code  
Carson City NV 89703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hartman & Hartman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
-250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13539**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Hartman**

Mailing Address 150 Plantation Dr

City State Zip Code  
Carson City NV 89703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hartman & Hartman Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13541**

Amount of Each Receipt this Period  
 -550.00

Memo Item  
 Redesignate:

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Stephen Hartman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2016
Mailing Address 150 Plantation Dr		<b>Transaction ID : SA11AI.13542</b>
City Carson City	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Hartman & Hartman	Occupation Attorney	<input checked="" type="checkbox"/> Memo Item Redesignate: to General
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Stephen Hartman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2016
Mailing Address 150 Plantation Dr		<b>Transaction ID : SA11AI.13625</b>
City Carson City	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hartman & Hartman	Occupation Attorney	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Hartman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 09 / 2016
Mailing Address 150 Plantation Dr		<b>Transaction ID : SA11AI.13681</b>
City Carson City	State NV	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer Hartman & Hartman	Occupation Attorney	<input checked="" type="checkbox"/> Memo Item Redesignate:
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Hartman**

Mailing Address 150 Plantation Dr

City Carson City State NV Zip Code 89703

FEC ID number of contributing federal political committee. **C**

Name of Employer Hartman & Hartman Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13682**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Redesignate: to General

**B.** Full Name (Last, First, Middle Initial)  
**Amber Henniger**

Mailing Address 1453 Tirol Drive

City Incline Village State NV Zip Code 89451

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13965**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christy L Hess**

Mailing Address 60 S Stewart St PO Box 801

City Virginia City State NV Zip Code 89440

FEC ID number of contributing federal political committee. **C**

Name of Employer requested Occupation requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11AI.13572**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Alvin J. Hicks**

Mailing Address 2450 Skyline Blvd.

City	State	Zip Code
Reno	NV	89509

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCDONALD CARANO	ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.13706**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lee E Hoffman**

Mailing Address 1085 Barrington Ave

City	State	Zip Code
Elko	NV	89801

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
retired	retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11AI.13708**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LYNNE HOFFMAN**

Mailing Address 1085 Barrington Ave

City	State	Zip Code
Elko	NV	89801

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11AI.13549**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**James House**

Mailing Address **2777 Northtowne Ln OFC**

City **Reno** State **NV** Zip Code **89512-5029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **East Summit Company** Occupation **Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11AI.13531**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alan Humphrey**

Mailing Address **1595 Meadow Wood Lane**

City **Reno** State **NV** Zip Code **89502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **International Test Solutions** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2957.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.13968**

Amount of Each Receipt this Period  
**1207.94**

Memo Item  
 In-kind - Wine and catering for campaign event

**C.** Full Name (Last, First, Middle Initial)  
**Alan Humphrey**

Mailing Address **1595 Meadow Wood Lane**

City **Reno** State **NV** Zip Code **89502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **International Test Solutions** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2016**

**Transaction ID : SA11AI.13974**

Amount of Each Receipt this Period  
**-257.94**

Memo Item  
 Redesignate: In-kind - Wine and catering for campaign event

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2207.94**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Humphrey**

Mailing Address 1595 Meadow Wood Lane

City	State	Zip Code
Reno	NV	89502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
International Test Solutions	President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13975**

Amount of Each Receipt this Period  
 257.94

Memo Item  
 Redesignate: excess of in-kind to General

**B.** Full Name (Last, First, Middle Initial)  
**Donald L Jensen**

Mailing Address 825 Steneri Way

City	State	Zip Code
Sparks	NV	89431-6312

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Jensen Precast	CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13532**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT JOLCOVER**

Mailing Address PO Box 1298

City	State	Zip Code
Carson City	NV	89702

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
None	Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2016

**Transaction ID : SA11AI.13581**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Alan E Jurkonis**

Mailing Address 1134 Jo Lane

City State Zip Code  
Gardenerville NV 89410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AVK Company Presidenyt

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13725**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alan E Jurkonis**

Mailing Address 1134 Jo Lane

City State Zip Code  
Gardenerville NV 89410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AVK Company Presidenyt

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13733**

Amount of Each Receipt this Period  
-1500.00

Memo Item  
Redesignate:

**C.** Full Name (Last, First, Middle Initial)  
**Alan E Jurkonis**

Mailing Address 1134 Jo Lane

City State Zip Code  
Gardenerville NV 89410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AVK Company Presidenyt

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13734**

Amount of Each Receipt this Period  
1500.00

Memo Item  
Redesignate: to General

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Krueger**

Mailing Address 401 Ryland St. Suite 111

City State Zip Code  
Reno NV 89502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13729**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Paul Laxalt**

Mailing Address 750 9th St NW #750

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Paul Laxalt Group Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

**Transaction ID : SA11AI.13984**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KEITH LEE**

Mailing Address 1941 Rolling Brook Lane

City State Zip Code  
Reno NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Law Offices of Keith Lee Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13627**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Lepori**

Mailing Address 1580 Hymar Ave Suite 100

City Sparks State NV Zip Code 89431

FEC ID number of contributing federal political committee. **C**

Name of Employer Frank Lepori Construction Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13600**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Mackenzie**

Mailing Address PO Box 646

City Carson City State NV Zip Code 89702

FEC ID number of contributing federal political committee. **C**

Name of Employer Allison Mackenzie Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : SA11AI.13982**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Brooks Mancini**

Mailing Address 1527 Kestrel Ct

City Reno State NV Zip Code 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Mancini Properties, Inc. Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13637**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Liza Marroquin**

Mailing Address 2500 Manzanita Lane

City Reno State NV Zip Code 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Smart Living MD Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11AI.13562**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Maralene Martin**

Mailing Address 10280 Copper Cloud Dr

City Reno State NV Zip Code 89511-5349

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13724**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marshall L McBride**

Mailing Address PO Box E

City Virginia City State NV Zip Code 89440-0140

FEC ID number of contributing federal political committee. **C**

Name of Employer Bucket O Blood Saloon Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11AI.13566**

Amount of Each Receipt this Period  
300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan McGinness**

Mailing Address 1127 4th St NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Management Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016

**Transaction ID : SA11AI.13502**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jackie R McGuffey**

Mailing Address 1721 Harte Road

City Reno State NV Zip Code 89521

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11AI.13577**

Amount of Each Receipt this Period  
300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bill Miller**

Mailing Address 4895 Convair Drive

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer BME Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : SA11AI.13529**

Amount of Each Receipt this Period  
1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Bill Miller**

Mailing Address 4895 Convair Drive

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer BME Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : SA11AI.13684**

Amount of Each Receipt this Period  
 -400.00

Memo Item  
 Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**Bill Miller**

Mailing Address 4895 Convair Drive

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer BME Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : SA11AI.13685**

Amount of Each Receipt this Period  
 400.00

Memo Item  
 Redesignate: to General

**C.** Full Name (Last, First, Middle Initial)  
**James R Miller**

Mailing Address 10250 Donnay Court

City Reno State NV Zip Code 89521

FEC ID number of contributing federal political committee. **C**

Name of Employer CORE Construction Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13629**

Amount of Each Receipt this Period  
 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Vergie Miller**

Mailing Address 4895 Convair Dr

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13535**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Vergie Miller**

Mailing Address 4895 Convair Dr

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13687**

Amount of Each Receipt this Period  
 -500.00

Memo Item  
 Redesignate:

**C.** Full Name (Last, First, Middle Initial)  
**Vergie Miller**

Mailing Address 4895 Convair Dr

City Carson City State NV Zip Code 89706

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13688**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Redesignate: to General

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Moisio**

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13672**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael Moisio**

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Vertex Chemical** Occupation **Executive**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13671**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marilyn McAdams Mora**

Mailing Address **4745 Sommerville Way**

City **Reno** State **NV** Zip Code **89519-0922**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Reno-Tahoe Airport Authority** Occupation **Executive VP/COO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 20 / 2016**

**Transaction ID : SA11AI.13523**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Paul J Moradkhan**

Mailing Address **PO Box 400305**

City **Las Vegas** State **NV** Zip Code **89140**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Las Vegas Metro Chamber of Com** Occupation **Vice President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11AI.13576**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**J. John Morrey**

Mailing Address **2279 Rainwood Ct.**

City **Reno** State **NV** Zip Code **89509**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Morrey Distributing Co.** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2016**

**Transaction ID : SA11AI.13618**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sonny Newman**

Mailing Address **9400 Timothy Drive**

City **Reno** State **NV** Zip Code **89511**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EE Technologies** Occupation **President/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11AI.13543**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Jintana Patnaude**

Mailing Address 2355 Lois Ct

City Sparks State NV Zip Code 89434

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13610**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**George Peek**

Mailing Address 9345 Lemmon Drive

City Reno State NV Zip Code 89506

FEC ID number of contributing federal political committee. **C**

Name of Employer ERGS, Inc Occupation Real Estate Broker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : SA11AI.13593**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 check via VOTESANE PAC, \$25 fee deducted, \$475 net

**C.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 2118 Riverside Dr Ste 209

City Mount Vernon State WA Zip Code 98273-5466

FEC ID number of contributing federal political committee. **C**

Name of Employer Bodines Casino Occupation Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **5550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13670**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 2118 Riverside Dr Ste 209

City	State	Zip Code
Mount Vernon	WA	98273-5466

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Bodines Casino	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13690**

Amount of Each Receipt this Period  
 -2550.00

Memo Item  
 Redesignate:

**B.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 2118 Riverside Dr Ste 209

City	State	Zip Code
Mount Vernon	WA	98273-5466

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Bodines Casino	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13691**

Amount of Each Receipt this Period  
 2550.00

Memo Item  
 Redesignate: to General

**C.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 2118 Riverside Dr Ste 209

City	State	Zip Code
Mount Vernon	WA	98273-5466

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Bodines Casino	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 8250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13891**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
 for Mary Ellen Pegram - will be refunded - in name of another

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Pestello**

Mailing Address 10198 Via Verona

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

**Transaction ID : SA11AI.13731**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael J Pomi**

Mailing Address 4720 Aberfeldy Dr

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Cabinet Occupation Executive Driector

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

**Transaction ID : SA11AI.13583**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn M Quilici**

Mailing Address 7810 Lakeside Dr

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13675**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Reviglio**

Mailing Address 950 S Rock Blvd

City Sparks State NV Zip Code 89431

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Nevada Supply Occupation General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13608**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kent R Robison**

Mailing Address 71 Washington Street

City Reno State NV Zip Code 89503

FEC ID number of contributing federal political committee. **C**

Name of Employer Robison, Belaustegui, Sharp an Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13545**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John Tom Ross**

Mailing Address PO Box 635

City Carson City State NV Zip Code 89072-0635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.13890**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Reattribute: to John Tom Ross per check and statement

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Rossetti**

Mailing Address 6611 Dearborn Dr.

City Falls Church State VA Zip Code 22044

FEC ID number of contributing federal political committee. **C**

Name of Employer Akin Gump Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

**Transaction ID : SA11AI.13489**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Nicholas Rossi**

Mailing Address 3555 Southampton Dr.

City Reno State NV Zip Code 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Lucini Pariol Insurance Occupation Insurance Broker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13547**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Rossi**

Mailing Address 3555 Southampton Dr.

City Reno State NV Zip Code 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Lucini Pariol Insurance Occupation Insurance Broker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13624**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A. Ned Ryder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1425 Treat Blvd  
City Walnut Creek State CA Zip Code 94567  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Ryder Homes Occupation: Chairman  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 19 / 2016  
**Transaction ID : SA11AI.13533**  
Amount of Each Receipt this Period: 1000.00  
 Memo Item

**B. Gail A. Sande**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 Hawken Road  
City Reno State NV Zip Code 89509  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: retired  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 09 / 2016  
**Transaction ID : SA11AI.13607**  
Amount of Each Receipt this Period: 1000.00  
 Memo Item

**C. Bill Sanderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 774 Mays Blvd #10-466  
City Incline Village State NV Zip Code 89451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: None Occupation: Retired  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 31 / 2016  
**Transaction ID : SA11AI.13964**  
Amount of Each Receipt this Period: 2700.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

4700.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Julie A Schultz**

Mailing Address 14150 Saddlebow Drive

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Reno Tahoe Airport Authority Occupation COO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11AI.13515**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Scolari**

Mailing Address PO Box 5070

City Reno State NV Zip Code 89513

FEC ID number of contributing federal political committee. **C**

Name of Employer Scolaris Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13674**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joey Scolari**

Mailing Address PO Box 5070

City Reno State NV Zip Code 89513

FEC ID number of contributing federal political committee. **C**

Name of Employer Scolari's Food and Drug Compan Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13668**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Maria C Sheehan**

Mailing Address 2363 Manzanita Lane

City Reno State NV Zip Code 89509-7022

FEC ID number of contributing federal political committee. **C**

Name of Employer TMCC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.13726**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cassandra Smith**

Mailing Address 3411 Cheechako Dr

City Reno State NV Zip Code 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13642**

Amount of Each Receipt this Period  
200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**G BLAKE SMITH**

Mailing Address 1 East Liberty St Suite 444

City RENO State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Somersett Development Co Occupation Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13548**

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**John Stanko**

Mailing Address 12785 Silver Wolf Rd

City Reno State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Chamion Chevrolet Occupation Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13580**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Conrad Stitser**

Mailing Address 850 Maestro Drive Suite 100

City Reno State NV Zip Code 89511-2247

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayberry Properties Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13604**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ken Tedford**

Mailing Address PO Box 1330

City Fallon State NV Zip Code 89407

FEC ID number of contributing federal political committee. **C**

Name of Employer Tedford Tire Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11AI.13617**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond P Tolles III**

Mailing Address 4315 Water Hole Road

City State Zip Code  
Reno NV 89519-2985

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Basin Street Properties Commercial Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : SA11AI.13536**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ralph Weir**

Mailing Address PO Box 635

City State Zip Code  
Carson City NV 89702-0635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed contractor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.13703**

Amount of Each Receipt this Period  
500.00

Memo Item  
will be re-attributed to John Tom Ross as indicated- two party check

**C.** Full Name (Last, First, Middle Initial)  
**Ralph Weir**

Mailing Address PO Box 635

City State Zip Code  
Carson City NV 89702-0635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed contractor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11AI.13889**

Amount of Each Receipt this Period  
-500.00

Memo Item  
Reattribute: will be re-attributed to John Tom Ross as indicated- two party check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 101
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick Alan Whitten**

Mailing Address **PO Box 846**

City **Virginia City** State **NV** Zip Code **89440-0846**

FEC ID number of contributing federal political committee. **C**

Name of Employer **retired** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11AI.13568**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robert Winkel**

Mailing Address **4785 Caughlin Pkwy**

City **Reno** State **NV** Zip Code **89519**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Maupin Cox & Legoy** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : SA11AI.13538**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dusty Wunderlich**

Mailing Address **255 N Sierra St #608**

City **Reno** State **NV** Zip Code **89501**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Bristlecone Inc** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11AI.13633**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1800.00**

**7557.94**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2016

Transaction ID : SA11C.13487

Amount of Each Receipt this Period  
 1000.00

Memo Item  
2016 Primary

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

B. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

Transaction ID : SA11C.13742

Amount of Each Receipt this Period  
 4000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**AKERMAN LLP PAC**

C. Mailing Address 495 NORTH KELLER ROAD  
SUITE 300

City State Zip Code  
MAITLAND FL 32751

FEC ID number of contributing federal political committee. **C C00280008**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

Transaction ID : SA11C.13588

Amount of Each Receipt this Period  
 2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

7500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)

**A.** Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13519**

Amount of Each Receipt this Period  
 750.00

Memo Item  
 2016 Primary

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE

**B.** Mailing Address 211 E CHICAGO AVE  
SUITE 1600

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11C.13598**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 2016 General

Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

**C.** Mailing Address 520 N NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C** C70004684

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11C.13710**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City State Zip Code  
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

**Transaction ID : SA11C.13701**

Amount of Each Receipt this Period  
2500.00

Memo Item  
2016 General

**B.** Full Name (Last, First, Middle Initial)  
**BARRICK GOLD OF NORTH AMERICA INC. EMPLOYEES PAF**

Mailing Address 136 E. SOUTH TEMPLE ST.  
SUITE 1300

City State Zip Code  
SALT LAKE CITY UT 84111

FEC ID number of contributing federal political committee. **C C00320580**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

**Transaction ID : SA11C.13661**

Amount of Each Receipt this Period  
5000.00

Memo Item  
General 2016

**C.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE ATTN:19050-

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

**Transaction ID : SA11C.13740**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Primary 2016

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**CIGAR-PAC**

Mailing Address **818 CONNECTICUT AVENUE, NW  
SUITE 200**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00121350**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 09 / 2016**

**Transaction ID : SA11C.13495**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**COEUR MINING INC PAC**

Mailing Address **104 S MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60603**

FEC ID number of contributing federal political committee. **C C00563072**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2016**

**Transaction ID : SA11C.13602**

Amount of Each Receipt this Period  
**1200.00**

Memo Item  
 Primary 2016

**C.** Full Name (Last, First, Middle Initial)  
**DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE**

Mailing Address **801 MAIN AVENUE**

City **NORWALK** State **CT** Zip Code **06851**

FEC ID number of contributing federal political committee. **C C00034470**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**330.53**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2016**

**Transaction ID : SA11C.14225**

Amount of Each Receipt this Period  
**330.53**

Memo Item  
 In-kind - event expenses

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4030.53**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 101
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

**Transaction ID : SA11C.13499**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 Primary

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

**Transaction ID : SA11C.13500**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 General

**C.** Full Name (Last, First, Middle Initial)  
**ENTRUST INC. PAC**

Mailing Address 16633 DALLAS PARKWAY SUITE 800

City Addison State TX Zip Code 75001

FEC ID number of contributing federal political committee. **C** C00373787

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2016

**Transaction ID : SA11C.13496**

Amount of Each Receipt this Period  
1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**HOLLAND & HART LLP FEDERAL PAC**

Mailing Address 555 SEVENTEENTH STREET  
SUITE 3200

City DENVER State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C C00137729**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016

**Transaction ID : SA11C.13492**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address 412 FIRST STREET, SE, SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2016

**Transaction ID : SA11C.13664**

Amount of Each Receipt this Period  
500.00

Memo Item  
2016 Primary

**C.** Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016

**Transaction ID : SA11C.13553**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 US Primary

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13509**

Amount of Each Receipt this Period  
5000.00

Memo Item  
2016 General

**B.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13510**

Amount of Each Receipt this Period  
5000.00

Memo Item  
2016 Primary

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY**

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** H6CA22125

Name of Employer Occupation  
House of Representatives US Representative

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13507**

Amount of Each Receipt this Period  
2000.00

Memo Item  
2016 General

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN MCCARTHY**

Mailing Address **PO BOX 12667**

City **BAKERSFIELD** State **CA** Zip Code **93389**

FEC ID number of contributing federal political committee. **C H6CA22125**

Name of Employer **House of Representatives** Occupation **US Representative**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2016**

**Transaction ID : SA11C.13508**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
 2016 Primary

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address **1325 MASSACHUSETTS AVE., NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 07 / 2016**

**Transaction ID : SA11C.13563**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
 2016 Primary

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 22 / 2016**

**Transaction ID : SA11C.13486**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 Primary 2016

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 8400 WESTPARK DRIVE

City State Zip Code  
TYSONS VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13520**

Amount of Each Receipt this Period  
4000.00

Memo Item  
2016 Primary

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City State Zip Code  
CENTENNIAL CO 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11C.13699**

Amount of Each Receipt this Period  
5000.00

Memo Item  
2016 General

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL RETAIL FEDERATION RETAILPAC

Mailing Address 325 7TH STREET NW SUITE #1100

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA11C.13745**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Primary 2016

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**NATSO INC. NATSO PAC**

Mailing Address 1330 BRADDOCK PLACE, SUITE 501

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

**Transaction ID : SA11C.13698**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**

Mailing Address P. O. BOX 718

City State Zip Code  
WINSTON-SALEM NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016

**Transaction ID : SA11C.13501**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Primary 2016

**C.** Full Name (Last, First, Middle Initial)  
**RITE AID CORPORATION PAC**

Mailing Address 30 HUNTER LANE

City State Zip Code  
CAMP HILL PA 17011

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11C.13659**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13517**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 General

**B.** Full Name (Last, First, Middle Initial)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016

**Transaction ID : SA11C.13518**

Amount of Each Receipt this Period  
1500.00

Memo Item  
2016 Primary

**C.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2016

**Transaction ID : SA11C.13525**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 Primary

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS, INC.

Mailing Address 430 FIRST ST. SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016  
**Transaction ID : SA11C.13663**

Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 2016 Primary

Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016  
**Transaction ID : SA11C.13700**

Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 2016 Primary

Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016  
**Transaction ID : SA11C.13747**

Amount of Each Receipt this Period  
 2500.00  
 Memo Item  
 2016 Primary

**SUBTOTAL** of Receipts This Page (optional)..... 5500.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**WESTERN ENERGY ALLIANCE PAC**

Mailing Address 1775 SHERMAN ST  
SUITE 2700

City DENVER State CO Zip Code 80203

FEC ID number of contributing federal political committee. **C** C00426569

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11C.13564**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

73780.53

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 101
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City State Zip Code  
Dallas TX 73235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1246.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 01 2016

**Transaction ID : SA14.13748**

Amount of Each Receipt this Period  
313.98

Memo Item  
purchase return on travel expense

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

313.98

313.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. 7-Eleven Reno</b>			Date of Disbursement MM / DD / YYYY <b>02 / 20 / 2016</b>		
Mailing Address <b>12605 South Virginia St</b>			Amount of Each Disbursement this Period <b>37.66</b>		
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89511</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/Type <b>002</b>	Transaction ID : <b>SB17.13862</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. 7-Eleven Reno</b>			Date of Disbursement MM / DD / YYYY <b>03 / 11 / 2016</b>		
Mailing Address <b>12605 South Virginia St</b>			Amount of Each Disbursement this Period <b>62.58</b>		
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89511</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/Type <b>002</b>	Transaction ID : <b>SB17.13868</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Acqua AI 2</b>			Date of Disbursement MM / DD / YYYY <b>02 / 11 / 2016</b>		
Mailing Address <b>212 7th St SE</b>			Amount of Each Disbursement this Period <b>760.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b>		Category/Type <b>003</b>	Transaction ID : <b>SB17.13790</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>860.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Adele's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2016</b>
Mailing Address <b>1112 North Carson Street</b>		Amount of Each Disbursement this Period <b>330.00</b> <input type="checkbox"/> Memo Item
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13752</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adele's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2016</b>
Mailing Address <b>1112 North Carson Street</b>		Amount of Each Disbursement this Period <b>250.00</b> <input type="checkbox"/> Memo Item
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13781</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Adele's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2016</b>
Mailing Address <b>1112 North Carson Street</b>		Amount of Each Disbursement this Period <b>69.00</b> <input type="checkbox"/> Memo Item
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13824</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>649.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. American Express Collections</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 05 / 2016</b>	
Mailing Address <b>P.O. Box 981540</b>			Amount of Each Disbursement this Period <b>144.65</b>	
City <b>El Paso</b>	State <b>TX</b>	Zip Code <b>79998</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Merchant fees</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.13829</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Arco Carson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2016</b>	
Mailing Address <b>1017 N Carson</b>			Amount of Each Disbursement this Period <b>48.97</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89701</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/ Type <b>002</b>	<b>Transaction ID : SB17.13863</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Arco Carson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2016</b>	
Mailing Address <b>1017 N Carson</b>			Amount of Each Disbursement this Period <b>33.29</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89701</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/ Type <b>002</b>	<b>Transaction ID : SB17.13872</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>226.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.55
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.13830</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 20.35
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.13836</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.05
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.13846</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Bill.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 05 / 2016</b>
Mailing Address <b>3200 Ash Street</b>		Amount of Each Disbursement this Period <b>28.00</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94306</b>	Purpose of Disbursement <b>Bank service charges</b> <span style="border: 1px solid black; padding: 2px;">001</span>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13832</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bill.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2016</b>
Mailing Address <b>3200 Ash Street</b>		Amount of Each Disbursement this Period <b>43.10</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94306</b>	Purpose of Disbursement <b>Bank service charges</b> <span style="border: 1px solid black; padding: 2px;">001</span>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13839</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bill.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2016</b>
Mailing Address <b>3200 Ash Street</b>		Amount of Each Disbursement this Period <b>41.61</b>
City <b>Palo Alto</b> State <b>CA</b> Zip Code <b>94306</b>	Purpose of Disbursement <b>Bank service charges</b> <span style="border: 1px solid black; padding: 2px;">001</span>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13866</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>112.71</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 281.45	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13757</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 245.60	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13758</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 10.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13797</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	537.05
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 02 / 16 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 69.50	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13798</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 35.56	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13819</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 03 / 15 / 2016	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 167.10	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13820</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	272.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial)  
**A. Carson City Republican Central Committee**

Mailing Address 1931 California Street, Suite B

City Carson City State NV Zip Code 89701

Purpose of Disbursement  
Lincoln Day donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 13 / 2016

Amount of Each Disbursement this Period  
500.00

Memo Item

Transaction ID : **SB17.13908**

Category/Type  
012

Full Name (Last, First, Middle Initial)  
**B. Carson Valley Country Club**

Mailing Address 1029 Riverview Drive

City Gardnerville State NV Zip Code 89460

Purpose of Disbursement  
Contributor relations - meals & entertainment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 02 / 2016

Amount of Each Disbursement this Period  
215.00

Memo Item

Transaction ID : **SB17.13753**

Category/Type  
003

Full Name (Last, First, Middle Initial)  
**c. Carson Valley Country Club**

Mailing Address 1029 Riverview Drive

City Gardnerville State NV Zip Code 89460

Purpose of Disbursement  
Contributor relations - meals & entertainment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 23 / 2016

Amount of Each Disbursement this Period  
240.00

Memo Item

Transaction ID : **SB17.13771**

Category/Type  
003

**SUBTOTAL** of Disbursements This Page (optional)..... 955.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Casey Neilon Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>4000.00</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>Professional Fees - Accounting</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.13928</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey Neilon Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>Professional Fees - Accounting</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.13933</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Casey Neilon Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>101.24</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>Reimbursement for postage costs</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.13939</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6101.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Casey Neilon Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89703</b>
Purpose of Disbursement <b>Professional Fees - Accounting</b>	Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.13940</b>	

Full Name (Last, First, Middle Initial) <b>B. Chart House</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2016</b>
Mailing Address <b>392 Nevada State Route 207</b>		Amount of Each Disbursement this Period <b>260.00</b>
City <b>Stateline</b>	State <b>NV</b>	Zip Code <b>89449</b>
Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b>	Category/Type <b>003</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.13814</b>	

Full Name (Last, First, Middle Initial) <b>c. Danielle Cherry</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address <b>385 Teramo Drive</b>		Amount of Each Disbursement this Period <b>5877.50</b>
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89521</b>
Purpose of Disbursement <b>Fundraising consulting - commissions on funds raised</b>	Category/Type <b>003</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>Transaction ID : SB17.13935</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8137.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A. Chevron - Carson City**

Full Name (Last, First, Middle Initial)  
Mailing Address 1102 North Carson Street

City Carson City State NV Zip Code 89703

Purpose of Disbursement Gas in lieu of mileage - travel expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 20 / 2016

Amount of Each Disbursement this Period: 30.48

Memo Item

Transaction ID : SB17.13871

**B. Churchill County Republican Central Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1404

City Fallon State NV Zip Code 89407

Purpose of Disbursement Lincoln Day donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB17.13906

**C. Constant Contact**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email newsletter

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2016

Amount of Each Disbursement this Period: 35.00

Memo Item

Transaction ID : SB17.13828

**SUBTOTAL** of Disbursements This Page (optional) ..... 565.48

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>			Date of Disbursement MM / DD / YYYY <b>02 / 02 / 2016</b>	
Mailing Address <b>1601 Trapelo Road</b>			Amount of Each Disbursement this Period 35.00	
City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Email newsletter</b>		Category/Type <b>004</b>		
Candidate Name		<b>Transaction ID : SB17.13837</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>			Date of Disbursement MM / DD / YYYY <b>03 / 02 / 2016</b>	
Mailing Address <b>1601 Trapelo Road</b>			Amount of Each Disbursement this Period 35.00	
City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Email newsletter</b>		Category/Type <b>004</b>		
Candidate Name		<b>Transaction ID : SB17.13845</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Constant Contact</b>			Date of Disbursement MM / DD / YYYY <b>03 / 29 / 2016</b>	
Mailing Address <b>1601 Trapelo Road</b>			Amount of Each Disbursement this Period 35.00	
City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Email newsletter</b>		Category/Type <b>004</b>		
Candidate Name		<b>Transaction ID : SB17.13851</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Costco Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2016</b>
Mailing Address 700n Old Clear Creek Road		Amount of Each Disbursement this Period <b>32.61</b>
City Carson City State NV Zip Code 89701	Category/Type <b>002</b>	
Purpose of Disbursement Gas in lieu of mileage - travel expense		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.13874</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Creative Direct</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address 25 E Main Street		Amount of Each Disbursement this Period <b>1127.00</b>
City Richmond State VA Zip Code 23219	Category/Type <b>001</b>	
Purpose of Disbursement Notecards and envelopes		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.13929</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 03 / 2016</b>
Mailing Address 801 MAIN AVENUE		Amount of Each Disbursement this Period <b>330.53</b>
City NORWALK State CT Zip Code 06851	Category/Type	
Purpose of Disbursement In-kind - event expenses		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.14227</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1490.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Douglas County Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>	
Mailing Address 1609 Hwy 395			Amount of Each Disbursement this Period <b>500.00</b>	
City Minden	State NV	Zip Code 89423	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lincoln Day donation		Category/ Type <b>012</b>	Transaction ID : <b>SB17.13910</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Douglas County Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>	
Mailing Address 1609 Hwy 395			Amount of Each Disbursement this Period <b>125.00</b>	
City Minden	State NV	Zip Code 89423	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Ad in Lincoln Day program		Category/ Type <b>004</b>	Transaction ID : <b>SB17.13912</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. El Dorado Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2016</b>	
Mailing Address PO Box 3399			Amount of Each Disbursement this Period <b>174.00</b>	
City Reno	State NV	Zip Code 89505	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type <b>003</b>	Transaction ID : <b>SB17.13776</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>799.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Elko County Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>	
Mailing Address P. O. Box 326			Amount of Each Disbursement this Period <b>500.00</b>	
City Elko	State NV	Zip Code 89803	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lincoln Day donation		Category/Type <b>012</b>	Transaction ID : <b>SB17.13903</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Elko County Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2016</b>	
Mailing Address P. O. Box 326			Amount of Each Disbursement this Period <b>1200.00</b>	
City Elko	State NV	Zip Code 89803	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Purchase side of beef - campaign event cost		Category/Type <b>007</b>	Transaction ID : <b>SB17.13962</b>	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE HECK</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 03 / 2016</b>	
Mailing Address PO BOX 750114			Amount of Each Disbursement this Period <b>700.00</b>	
City LAS VEGAS	State NV	Zip Code 89136	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contribution - general 2016		Category/Type <b>011</b>	Transaction ID : <b>SB17.13895</b>	
Candidate Name				
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NV	District: 03			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Glen Eagles</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 320.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.13818</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Glen Eagles</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 145.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.13827</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gold Country Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2016
Mailing Address 2050 Idaho St		Amount of Each Disbursement this Period 62.70
City Elko	State NV	
Zip Code 89801	Purpose of Disbursement Lodging - travel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	<b>Transaction ID : SB17.13785</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	527.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Harris Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>611 S Congress Ave Suite 400</b>		Amount of Each Disbursement this Period <b>350.00</b>
City <b>Austin</b> State <b>TX</b> Zip Code <b>78704</b>	Purpose of Disbursement <b>Website domain renewals</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17.13941</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Humboldt County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>
Mailing Address <b>PO Box 963</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Winnemucca</b> State <b>NV</b> Zip Code <b>89446</b>	Purpose of Disbursement <b>Lincoln Day donation</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>012</b>	<b>Transaction ID : SB17.13904</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alan Humphrey</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2016</b>
Mailing Address <b>1595 Meadow Wood Lane</b>		Amount of Each Disbursement this Period <b>1207.94</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89502</b>	Purpose of Disbursement <b>In-kind - Wine and catering for campaign event</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.13969</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2057.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Kaempfer Crowell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address <b>1980 Festival Plaza Drive Suite 65</b>		Amount of Each Disbursement this Period <b>790.00</b>
City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89135-2958</b>	Purpose of Disbursement <b>Professional Fees - Legal</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17.13927</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kaempfer Crowell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2016</b>
Mailing Address <b>1980 Festival Plaza Drive Suite 65</b>		Amount of Each Disbursement this Period <b>11.85</b>
City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89135-2958</b>	Purpose of Disbursement <b>Professional Fees - Legal</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17.13932</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kaempfer Crowell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 29 / 2016</b>
Mailing Address <b>1980 Festival Plaza Drive Suite 65</b>		Amount of Each Disbursement this Period <b>2765.00</b>
City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89135-2958</b>	Purpose of Disbursement <b>Professional Fees - Legal</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17.13936</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3566.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Kim Lee Sushi</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 319 Carson St		Amount of Each Disbursement this Period 106.00
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.13788</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lander County Republican Central Committee</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address PO Box 1522		Amount of Each Disbursement this Period 500.00
City Battle Mountain	State NV	
Zip Code 89820	Purpose of Disbursement Lincoln Day donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 012	<b>Transaction ID : SB17.13918</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Louis' Basque Corner</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 301 E 4th St		Amount of Each Disbursement this Period 339.11
City Reno	State NV	
Zip Code 89512	Purpose of Disbursement Campaign staff dinner	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.13801</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	945.11
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Maverik - Carson City</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016	
Mailing Address 1451 College Parkway			Amount of Each Disbursement this Period 56.37	
City Carson City	State NV	Zip Code 89706	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Gas in lieu of mileage - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13881</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Maverik - Carson City</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 1451 College Parkway			Amount of Each Disbursement this Period 53.00	
City Carson City	State NV	Zip Code 89706	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Gas in lieu of mileage - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13856</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Maverik - Dayton</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 32.97	
City Dayton	State NV	Zip Code 89403	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Gas in lieu of mileage - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13852</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Maverik - Fallon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2016</b>
Mailing Address <b>850 W. Williams Ave.</b>		Amount of Each Disbursement this Period <b>33.09</b>
City <b>Fallon</b> State <b>NV</b> Zip Code <b>89406</b>	Purpose of Disbursement Gas in lieu of mileage - travel expense	
Candidate Name	Category/Type <b>002</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13853</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maverik - Fallon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 29 / 2016</b>
Mailing Address <b>850 W. Williams Ave.</b>		Amount of Each Disbursement this Period <b>59.63</b>
City <b>Fallon</b> State <b>NV</b> Zip Code <b>89406</b>	Purpose of Disbursement Gas in lieu of mileage - travel expense	
Candidate Name	Category/Type <b>002</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13857</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Maverik - Fallon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 29 / 2016</b>
Mailing Address <b>850 W. Williams Ave.</b>		Amount of Each Disbursement this Period <b>33.88</b>
City <b>Fallon</b> State <b>NV</b> Zip Code <b>89406</b>	Purpose of Disbursement Gas in lieu of mileage - travel expense	
Candidate Name	Category/Type <b>002</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13875</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>126.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Micasa Too</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2016
Mailing Address 3809 N. Carson St.		Amount of Each Disbursement this Period 120.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.13806</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nevada Secretary of State</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2016
Mailing Address 101 N Carson Street Suite 3		Amount of Each Disbursement this Period 300.00
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Filing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.13959</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Osteria Morini</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 301 Water St SE		Amount of Each Disbursement this Period 730.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.13755</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Osteria Morini</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2016		
Mailing Address 301 Water St SE			Amount of Each Disbursement this Period 570.00		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003			
Candidate Name			Transaction ID : <b>SB17.13782</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Pershing County Republican Central Committee</b>			Date of Disbursement MM / DD / YYYY 01 / 13 / 2016		
Mailing Address 1775 Looz Rd.,			Amount of Each Disbursement this Period 500.00		
City Lovelock	State NV	Zip Code 89419	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Lincoln Day donation		Category/ Type 012			
Candidate Name			Transaction ID : <b>SB17.13905</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. RapsCALLIONS</b>			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016		
Mailing Address 1555 S Wells Ave,			Amount of Each Disbursement this Period 135.00		
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003			
Candidate Name			Transaction ID : <b>SB17.13774</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1205.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Rapscallions</b>			Date of Disbursement MM / DD / YYYY <b>02 / 18 / 2016</b>	
Mailing Address 1555 S Wells Ave,			Amount of Each Disbursement this Period <b>1364.87</b>	
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising event - Campaign expense		Category/ Type <b>007</b>	Transaction ID : <b>SB17.13800</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Rapscallions</b>			Date of Disbursement MM / DD / YYYY <b>03 / 18 / 2016</b>	
Mailing Address 1555 S Wells Ave,			Amount of Each Disbursement this Period <b>42.00</b>	
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type <b>003</b>	Transaction ID : <b>SB17.13821</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Renaissance The Battle House Hotel &amp; Spa</b>			Date of Disbursement MM / DD / YYYY <b>01 / 18 / 2016</b>	
Mailing Address 26 N Royal St			Amount of Each Disbursement this Period <b>385.32</b>	
City Mobile	State AL	Zip Code 36602	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging - travel expense		Category/ Type <b>002</b>	Transaction ID : <b>SB17.13763</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1792.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Reno High Baseball</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2016</b>		
Mailing Address <b>395 Booth Street</b>			Amount of Each Disbursement this Period <b>500.00</b>		
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89509</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Outfield advertising</b>		Category/ Type <b>004</b>	Transaction ID : <b>SB17.13916</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. San Marcos Grill</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2016</b>		
Mailing Address <b>260 E Winnie Ln</b>			Amount of Each Disbursement this Period <b>100.00</b>		
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b>		Category/ Type <b>003</b>	Transaction ID : <b>SB17.13825</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Shell - Carson Cty</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2016</b>		
Mailing Address <b>Hwy 395</b>			Amount of Each Disbursement this Period <b>42.39</b>		
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89703</b>	Memo Item <input type="checkbox"/>		
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/ Type <b>002</b>	Transaction ID : <b>SB17.13865</b>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>642.39</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 313.98		
City Dallas	State TX	Zip Code 73235	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13882</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 244.98		
City Dallas	State TX	Zip Code 73235	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13883</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 244.98		
City Dallas	State TX	Zip Code 73235	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare - travel expense		Category/ Type 002	Transaction ID : <b>SB17.13884</b>		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	803.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Storey County Republican Central Committee</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>	
Mailing Address <b>PO Box 767</b>			Amount of Each Disbursement this Period <b>500.00</b>	
City <b>Virginia City</b>	State <b>NV</b>	Zip Code <b>89440</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Lincoln Day donation</b>		Category/ Type <b>012</b>	<b>Transaction ID : SB17.13907</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Team Sports Ink</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>	
Mailing Address <b>5111 Grumman Dr, Ste 1b</b>			Amount of Each Disbursement this Period <b>899.34</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Custom hats</b>		Category/ Type <b>006</b>	<b>Transaction ID : SB17.13913</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Team Sports Ink</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2016</b>	
Mailing Address <b>5111 Grumman Dr, Ste 1b</b>			Amount of Each Disbursement this Period <b>1333.97</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Custom sweatshirts and ski hats</b>		Category/ Type <b>006</b>	<b>Transaction ID : SB17.13915</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2733.31</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Ted's Bulletin</b>			Date of Disbursement MM / DD / YYYY 02 / 11 / 2016		
Mailing Address 505 8th Street			Amount of Each Disbursement this Period 100.00		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13844</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. The Grill at Quail Corners</b>			Date of Disbursement MM / DD / YYYY 01 / 22 / 2016		
Mailing Address 6520 S. McCarran Blvd.			Amount of Each Disbursement this Period 75.00		
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13769</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. The Grill at Quail Corners</b>			Date of Disbursement MM / DD / YYYY 03 / 11 / 2016		
Mailing Address 6520 S. McCarran Blvd.			Amount of Each Disbursement this Period 60.00		
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : <b>SB17.13870</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. The M Group</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 3072.80
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Fundraising consulting and expense reimbursements - see memo	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13931</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The M Group</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 14900.04
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Fundraising consulting and expense reimbursements - see memo	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13942</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Twisted Fork</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 1911 Steamboat Pkwy		Amount of Each Disbursement this Period 52.00
City Reno State NV Zip Code 89521	Purpose of Disbursement Contributor relations - meals & entertainment	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13793</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18024.84
<b>TOTAL</b> This Period (last page this line number only).....	



: 97 `A =G79 @05 B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A =N5 HCB

Form/Schedule: **SB17**

Transaction ID : **SB17.13931**

Total \$3072.80 . Fundraising consulting - commissions on funds raised \$650.00; Expense reimbursements - USPS Alexandria VA \$9.80 for postage stamps; Sonoma DC 223 Pennsylvania Ave SE Washington DC 20003 \$2,413.00 catering for campaign event.

Form/Schedule: **SB17**

Transaction ID: **SB17.13942**

Total \$14,900.04. Fundraising consulting - commissions on funds raised \$5,330.00. Fundraising Consulting for Lou Barletta for Congress (in-kind contribution) \$1,000.00. Expense Reimbursements totalling \$8,570.04 as follows: Paradise shops Airport Washington DC \$5.49 travel expense; Harrah's 18 Hwy 50 Stateline NV 89449 \$4,434.04 fundraising event; La Brea Airport Reno NV \$9.69 travel expense; BJ's Restaurant 13999 S Virginia St Reno NV 89501 \$61.82 travel expense; American Airlines 4333 Amon Carter Blvd Fort Worth TX 76155 \$880.74 travel expense; Uber 1455 Market St San Francisco CA 94103 \$25.26 travel expense; Bell Limo Airport Minibus 2001 W Plumb Lane Reno NV 89502 \$692.16 fundraising event; Fedex 3965 Airways Memphis TN 38116 \$44.10 postage; USPS Alexandria VA \$40.97 postage; DC Taste 1600 Fitzgerald Lane Alexandria VA 22302 \$598.64 catering for fundraising event; Harvey's Hwy 50 at Stateline Ave Lake Tahoe NV 89449 \$1,704.04 lodging for fundraising event; Eldorado Casino PO Box 3399 Reno NV 89505 \$73.09 lodging for fundraising event;

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Twisted Fork</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2016</b>
Mailing Address <b>1911 Steamboat Pkwy</b>		Amount of Each Disbursement this Period <b>47.00</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89521</b>	Purpose of Disbursement <b>Contributor relations - meals &amp; entertainment</b>	
Candidate Name	Category/Type <b>003</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13826</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Washoe county Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 13 / 2016</b>
Mailing Address <b>3652 South Virginia Street</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89502</b>	Purpose of Disbursement <b>Lincoln Day Dinner donation</b>	
Candidate Name	Category/Type <b>012</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13901</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>1.12</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b>	
Candidate Name	Category/Type <b>001</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13833</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1048.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>1.15</b> <input type="checkbox"/> Memo Item
City <b>Portland</b>	State <b>OR</b> Zip Code <b>97228</b>	
Purpose of Disbursement <b>Merchant fees</b>	<b>001</b>	<b>Transaction ID : SB17.13834</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 14 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>46.66</b> <input type="checkbox"/> Memo Item
City <b>Portland</b>	State <b>OR</b> Zip Code <b>97228</b>	
Purpose of Disbursement <b>Merchant fees</b>	<b>001</b>	<b>Transaction ID : SB17.13835</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 08 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>3.00</b> <input type="checkbox"/> Memo Item
City <b>Portland</b>	State <b>OR</b> Zip Code <b>97228</b>	
Purpose of Disbursement <b>Bank fees - deposit image</b>	<b>001</b>	<b>Transaction ID : SB17.13838</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>50.81</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>0.26</b> <input type="checkbox"/> Memo Item
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13840</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>0.44</b> <input type="checkbox"/> Memo Item
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13841</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>45.14</b> <input type="checkbox"/> Memo Item
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.13842</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>45.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>2.50</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Bank charges</b>	
Candidate Name	<b>001</b> Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13847</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>3.00</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>bank service fee</b>	
Candidate Name	<b>001</b> Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13961</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>33.65</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b>	
Candidate Name	<b>001</b> Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.13848</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>39.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 101			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>39.54</b> <input type="checkbox"/> Memo Item
City <b>Portland</b>	State <b>OR</b> Zip Code <b>97228</b>	
Purpose of Disbursement <b>Merchant fees</b>	<b>001</b>	<b>Transaction ID : SB17.13849</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2016</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>45.34</b> <input type="checkbox"/> Memo Item
City <b>Portland</b>	State <b>OR</b> Zip Code <b>97228</b>	
Purpose of Disbursement <b>Merchant fees</b>	<b>001</b>	<b>Transaction ID : SB17.13850</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wyman &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 16 / 2016</b>
Mailing Address <b>1941 Radcliffe Drive</b>		Amount of Each Disbursement this Period <b>22865.00</b> <input type="checkbox"/> Memo Item
City <b>Carson City</b>	State <b>NV</b> Zip Code <b>89703</b>	
Purpose of Disbursement <b>Radio advertising</b>	<b>004</b>	<b>Transaction ID : SB17.13914</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>22949.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 101	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Wyman &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2016</b>
Mailing Address 1941 Radcliffe Drive		Amount of Each Disbursement this Period <b>22865.00</b>
City Carson City State NV Zip Code 89703	Purpose of Disbursement Radio advertising Candidate Name Category/Type <b>004</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.13938</b>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>22865.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>104226.39</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 101
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 05 / 2016</b>
Mailing Address <b>320 FIRST STREET SE</b>		Amount of Each Disbursement this Period <b>59100.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>008</b> Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB18.13897</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>59100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>59100.00</b>



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 101			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Michael Pegram</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2016</b>
Mailing Address <b>2118 Riverside Dr Ste 209</b>		Amount of Each Disbursement this Period <b>2700.00</b>
City <b>Mount Vernon</b> State <b>WA</b> Zip Code <b>98273-5466</b>	Purpose of Disbursement <b>Funds intended for another name - cannot accept</b>	
Candidate Name	Category/Type <b>010</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB20A.13892</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2700.00</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 101	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. MAJORITY COMMITTEE PAC--MC PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 17 / 2016</b>
Mailing Address <b>P.O. BOX 10134</b>		Amount of Each Disbursement this Period <b>651.43</b>
City <b>BAKERSFIELD</b> State <b>CA</b> Zip Code <b>93389</b>	Purpose of Disbursement <b>Refund of excess in-kind contribution in 2011</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>010</b>	<b>Transaction ID : SB20C.13920</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>651.43</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>651.43</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Casey Neilon Inc</b>	Nature of Debt (Purpose): Accounting services November and December 2015
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 4000.00	<b>Transaction ID : SD10.13479</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Shirley &amp; Bannister</b>	Nature of Debt (Purpose): Public Relations Service
Mailing Address 122 South Patrick Street	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 4500.00	<b>Transaction ID : SD10.7593</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stutzman Public Affairs</b>	Nature of Debt (Purpose): Professional Fees
Mailing Address 1415 L Street	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID : SD10.7279</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.7593

This purported debt is disputed and is currently being addressed by legal counsel

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 101
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Amodei for Nevada**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stutzman Public Affairs</b>		Nature of Debt (Purpose): <b>Production Costs</b>
Mailing Address 1415 L Street		
City State Zip Code Sacramento CA 95814		

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		<b>Transaction ID : SD10.7284</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="13000.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="13000.00"/>